Vaccines and CMV reactivation

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The mRNA COVID-19 Vaccines may be inducing a short-lived temporary immunosuppression allowing cytomegalovirus (CMV) to become reactivated in some people in very rare cases. This reactivation of the cytomegalovirus can in rare circumstances cause myocarditis and Guillain-Barré syndrome and a host of other ailments. The cytomegalovirus is highly ubiquitous in nature and common in people of all ages and is the cause of chickenpox and mononucleosis in adolescents. After infection, CMV remains dormant in the body of most humans throughout their lives, but can become reactivated during immune suppression. A decreasing CMV susceptibility with men older than 45 may be the reason why rare cases of myocarditis is happening in younger people who have taken the mRNA vaccine. CMV susceptibility increases between the ages of 16-45. Treatments, medications, and even vaccines can temporarily suppress the immune system and cause CMV reactivation. This is however very rare, but should be looked into as a possible cause of rare instances of myocarditis and Guillain-Barré in those who have taken the COVID-19 mRNA vaccine.

The ADTP vaccine, which is a vaccine that helps children younger than age 7 develop immunity to diphtheria, tetanus, and whooping cough (pertussis), induces temporary immunosuppression. According to a Russian study, this was correctable by using the immunomodulator purified staphylococcal anatoxin.

Vaccinations normally create temporary immunosuppression. This is why receiving a second dose in much less than 6 weeks can sometimes prevent a complete response. This is the reason why the 2nd dose of the mRNA vaccine is given 3-6 weeks after the 1st dose.

These rare instances do not take away from the effectiveness

of vaccines. Overall, vaccines are highly effective in mitigating risk from infection. However, there are extremely rare cases of adverse effects and every effort should be taken to minimize even the slightest of chances.

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(CMV susceptibility)